

These principles were developed for the Mind and Body Care Navigator project funded by the NHMRC. These principles are intended to support the development of publications from projects where members with a lived experience of mental health challenges are included in the research and publication process.

## **Publishing Principles**

### **• Challenge Deficit Narratives**

- Outputs (journal articles, non-academic articles, and presentations) should actively resist framing people with mental health conditions or disabilities as inherently “vulnerable” or “burdensome” and instead, highlight strengths, resilience, and systemic barriers rather than individual deficits.

### **• Empowerment Through Representation**

- Outputs should centre the voices and perspectives of people with lived experience and should be framed in ways that enhance dignity, autonomy, and agency.

### **• Co-Design and Consultation**

- Outputs should be designed with people with lived experience, ensuring their insights shape the framing, interpretation, and dissemination of findings; as well as where those findings are disseminated.

### **• Inclusive Authorship**

- Outputs should create pathways for people with lived experience to contribute meaningfully to meet authorship criteria (e.g., intellectual input, drafting, analysis) and not just remain as an acknowledgement.

### **• Language and Framing**

- Use respectful, non-stigmatizing, person-first or community-preferred language, avoiding sensationalist or pathologizing descriptions.

### **• Transparency and Reflexivity**

- Authors should be explicit about how lived experience informed the research and outputs. This may require researchers to reflect on their own positionality in the analysis and writing.

### **• Accessibility of Knowledge**

- Outputs should make findings available in accessible formats (social media platforms, plain-language summaries, open access where possible) to ensure communities who participate are not excluded from the knowledge produced.